V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12630
1. PLACE OF DEATH	10
County Worcester & LINA) TO 00	Registration Dist. No.
Village or City Smow Mills	NoSt.,Ward
Length of residence in city or town where death occurred. yrs. 5 mos. 2. FULL NAME Mail	death occurred in a horpital or institution, give its NAME instead of street and number) Gos. How long in U.S. if of foreign birth?
(a) Residence: Not	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (world the word) 5a. If married, widowed, of divorced	21. DATE OF DEATH Pec. 13 (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from Pec 12 th 19 33 to Dec 13 th 19 35
6. DATE OF BIRTH (month, day, end year) Que 26 /933	t last saw h_uss_alive on_Qec_13
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at1230ff_m.
36 16 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	Empyona (right) 12/11/3
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9 Industry or business in which work was done, as SYINNER, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	2000 min nia (ciga) 12/11/33
12. BIRTHPLACE (city or town) Drow Hill	Other Contributory Causes of Importance:
(State or country) Manyland	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation 2000 Date of
(State of country)	Whet test confirmed diegnosis? Was there an eu'opsy?
15. MAIDEN NAME (Laza) Ciller	22 If death was due to externat causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME LOGA CILLON 16. BIRTHPLACE (city or town) And the Complexity of the or country of the complexity of the	Accident, suicide, or homicide? Date of injury, 19
(State or country) Maylling	Where did injury occur? (Specify city of town, county and State)
17. INFORMANT SUND SUPERING (Address) on Sull Wind	Specify whether injury occorred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, DR REMOVAL	Manner of injury
Place M. Complete Sant Date Allo: 4., 1933.	Nature of injury
19. UNOERTAKER IV MO & Williams (Address) Snow 14 ill and	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 12/13, 1933 RERay Sewith	(Signed) Spencer V. meade M.D. (Address) Snow Hele
-	2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
URDAU			
and the same of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	FURTHER STATEMENTS BY PHYSICIAN
routhorization of	name see with certificile

PHYSICIANS should state

AGE should be stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

-WRITE PLAINLY,

See instructions on back of

TION is very important.

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Worcester	Registration Dist. No. 955
Village or City Newark	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?
2. FULL NAME Della Dennis	,
(a) Residence: No. Manage	A1 14 3
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Dennis	22. Sent 1953 to Dec 18 19 33
6. DATE OF BIRTH (month, day, and year) December 15 1850	I last saw h alive on
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at 2 P m.
82 II 26 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic Valuelas Itsut Surger 82
9. Industry or business in which work was done, as SILK MILL, HOUSEWITE SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this	Cancer - Epitheliams ; of face , Care
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Mary land (State or country)	(Panel) (Rhhethe lines 1833
13. NAME Robett Bowen	
14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation. What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Catherine Clayville	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Maryland (State or country)	Accident, suicide, or homicide? Date of injury, 19
7. INFORMANT Welter Dennis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Newark, Md. Place Newark, Md. Date Dec. 12, 19 33	Manner of Injury
9. UNDERTAKER J. W. Burbage, Berlin, Md. (Address)	24. Was disease or Injury In any way related to occupation of deceased?
10. FILED 12-12, 1983 Helen F. Hayward	(Signed) Ci q. Holland M. D. (Address) Bellin meh

V. S. No. 1

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal eause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
AN 9 1025				
Other contributory causes of importance:		Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY,

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1	0	1)	2
1	6	U	D	10

_	PLACE OF DEA			•	Registration Dist. No. 3. 5 4	4
	Village or City_St	ockton	J		No. St., death occurred in a hospital or institution, give its NAME instead of street and r	
2.	FULL NAME			yrsmos	ds. How long in U.S. if of foreign birth?yrsmo	osds.
	(a) Residence: No.	Stockt	ON (Usual place o	f abode)	St., Ward. If nonresident give city or town and	State
	PERSONAL AN	ID STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SI		or or race Thite	5. SINGLE, MARR OR DIVORCED Widow	IED, WIDOWED. (write the word)	21. DATE OF DEATH Stockton, I'd December 30th.	, 193_3
5a. 1	f married, widowed, or dividual to the HUSBANO of (or) WIFE of Gabr	orced riel de M	aal		22. Dec. 20. 1933, to Like 29.	deceased from
6 D	ATE OF BIRTH (month, da	R' (seav bne vi	reh30th	1846	I last saw h alive on	· death is said
7. A		Months	Oays	If LESS than	to have occurred on the date stated above, at 2.00Am.	, 400111119 0010
	87	9	**	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
OCCUPATION	8. Trade, profession, or p kind of work done, SAWYER, BOOKKEI 9. Industry or business it work was done, as SAW MILL, BANK, 10. Oate deceased last wo this occupation (mo year)	n which SILK MILL, etc	11, Total tir span	ne (years) tin this	Denile Dementia Onterio-sclenosis, Six years. Paralysis Duration: three years.	/yv.
	BIRTHPLACE (city or town) (State or country)	Maryl	ree and.		Other Contributory Causes of importance:	
FATH	13. NAME Thom 14. BIRTHPLACE (city or to (State or country)	own) Gird	s Letree /land.		Name of operation	
MOTH	144 AMMINISTRA	own) Gird l'a G. £. Dryd	letree aryland len		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	, 19
	BURIAL CREMATION, OR PISCOPAT Place Stockto	ou Po	onte Jan.	lst., 1934	Manner of injury	Ao.
20, 1	(Address) CON	1932 W	blanks are needed, ad	Registrar.	(Signed) John Dekers (Address) Stroktow Md. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	N, M. D.

V. S. No. 1

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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No.	1
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		F MARYLAND-	-CERTIFICATE OF DEATH	2633
1. PLACE OF DEA	TH	9-	(58)	
County 110	Cess	A Tomas	Registration Dist. No.	4
Village or City	Thro	klen	NoSt.,	Ward
	city or town where de	eath occurred vrs mo	If death occurred in a hospital or institution, give its NAME instead of street an osds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME (a) Residence: No.	Perforas	X 8 00	1 X Dormania	11105
	St		(Downing)	
(a) Residence: No.		(Usual place of abode)	St., Ward. If nonresident give city or town a	nd State
PERSONAL AN	ND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Devolo 4. COL	OR OR RACE	5. SINGLE, MARRIED, WIOOWED, OR DIYORCED (write the word)	21. DATE OF DEATH Dev 4	10433
5e. If married, widowed, or div	orced	4076	(Month) (Day)	(Yeer)
HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, Thet I attended	
6. DATE OF BIRTH (month, da	y, and year)	er 2-1933	I last saw h elive on	
7. AGE Years	Months	Days If LESS than	to have occurred on the date stated above, at Je m.	, 00011110 0010
		1 day,hrs	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	
8. Trade, profession, or p	Particuler		1	Date of onset
SAWYER, BOOKKE	EPER, etc.		very wear	
kind of work done SAWYER, BOOKKE 9. Industry or business i work wes done, as SAW MILL, BANK, EO. Date deceased last wo	SILK MILL,		J 0 1	
	rked at	11. Total time (years)	at oug	
this occupation (mo	onto and	spantin this occupation		
12. BIRTHPLACE (city or town)	Sle	chlery	Other Contributory Causes of Importance:	
(State or country)		wood		
13. NAME 1	ua n	austalf		
14. BIRTHPLACE (city or to	own)		Name of operation Oate of.	
(State or country)	a the	uxturd	What test confirmed diagnosis? Was there ar	autopsy?
H 15. MAIDEN NAME	alle	Down	23. If death was due to external causes (VIOLENCE) fill in elso the followi	ng:
16. BIRTHPLACE (city or to	own)		Accident, suicide, or homicide? Date of injury	, 19
(State or country)	DAT	eyew -	Where did injury occur? (Specify city or town, county and St	
17. INFORMANT (Address)	luck	and mil	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	LACE.
18. BURIAL CREMATION, OR I	REMOVAL.	100 11 2	Manner of Injury	
Clepiate C A 3 10	7	Date , 19	Nature of injury	
19. UNOERTAKER (Address)	Kerapi	Mauskall	24. Was disease or injury in any way related to occupation of deceased?	MO
20. FILED 4,	33/4a	41870 Car Resistar	(Signed) Holler (Address) Stutble 1	-
	If more bl		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			95-8	10001
County Worcester				on Dist. No. 35%
Village or City Berlin, F	R. F. D.	(1f	No. death occurred in a hospital or institution, give its NA ds. How long In U.S. it of foreign birth?	
2. FULL NAME Jillie Me (a) Residence: No. Burl	y Ellio)-t-t	St., Ward.	lent give city or town and State
PERSONAL AND STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICA	TE OF DEATH
3. SEX 4. COLOR OR RACE Female white	5. SINGLE, MARI OR DIVORCED Marrie	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH DEC	, 1933 (Dey) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Ebe Elliott	;			FY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Fe 7. AGE Yeers Months 40 9	bruary Deys	6 T893 If LESS than 1 day, hrs. ormin.	to liave occurred on the dete stated ebove, et. The PRINCIPAL CAUSE OF DEATH and related covere as follows:	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, Ho SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month and year) 12. BIRTHPLACE (city or lown) (State or country) 13. NAME Sidney Willia	30 11. Totel li 30 spen oeau		Other Coatribulery Causes of importance: Trankle	
13. NAME Sidney Willia 14. BIRTHPLACE (city or town)Mar (State or country)			Neme of operation	
15. MAIDEN NAME Mary Eliz 16. BIRTHPLACE (city or town) (Stete or country)	abeth H yland	adder	23. If death was due to externel causes (VIOLENCE Accident, suiside, or homicide? Where did injury occur?	
17. INFORMANT. Mre Ete Elli (Address) 18. BURIAL, CREMATION, OR REMOVAL PIECE Taylorville,	R. F. D		Specify whether Injory occurred In IMDUSTRY, in Manner of Injury	HOME, or in PUBLIC PLACE.
19. UNDERTAKER J. W. Burba (Address) Berlin, M 20. FILED 12/2, 1033		enford al Registrar.	24. Was disease or injury In any wey releted to oc If so, specify (Signed) (Address)	

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year
I The second sec			

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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state JPA.	STATE OF MARYLAND	CERTIFICATE OF DEATH
=	1. PLACE OF DEATH Sushops Hed	82-0
f OCC	County Workerster	Registration Dist. No. 3.5.3
sho of	Village Dr City Bushops 13.3-D.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		death occurred the a norphat of institution, give its INAIVIE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
YSICIANS	2. FULL NAME Carnest & Eva	110
PHYSICI ct staten		St Ward.
	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. Ex	3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dec 27 193 3
TL ed.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
X A C T L	HUSBAND of Colla Ovans	22. I HEREBY CERTIFY. That I attended deceased from Dec 26, 1933, to Rec 27, 1923
	6. DATE OF BIRTH (month, day, and year) Nov- 14 - 1876	I last saw h alive on Dec 27 , 1923; death is said
stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, atm.
stated proper ertific	57 / 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and selated causes of importance were as follows:
- 1	8. Trade, profession, or particular kind of work done, as SPINNER,	Curling Tremonhage
be cof	SAWYER, BDDKKEEPER, etc. 9. Industry or business in which	which camen a
should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	sure D Jearslynn
she it it on h	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and spent in this	
	year) spant in this upon occupation was a spant in this	ou 0 : 1 : 0
pplied. AGE erms, so that instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
	(State or country)	
plic rm inst	13. NAME Cheap to vans	
supplied in terms, See instru	14. BIRTHPLACE (city or town)	Name of operation
lly S	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
H in portant.	15. MAIDEN NAME OLA SVAFILY	23. If death was due to external causes (VIOLENCE) fill in also the following:
ld be carefully supplied DEATH in plain terms, y important. See instru	15. MAIDEN NAME OLA LLOANING 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
be AT	(State or country)	Where did injury occur? (Specify city or town, county and State)
OF DE	17. INFDRMANTO LA CONTRACTOR (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
	Place Andrew Control Dec 30, 1933	Nature of injury
mation s CAUSE TION is	19. UNDERTAKER M. Parha Watson	24. Was diseasa or Injury in any way related to occupation of deceased?
	Maria de Carrella	(Signed) P.P. Capleins M.D.
	20. FILED Registrar.	(Address) Bishtfindle male
15	1, more viants are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. B. No. 1

1. PLACE OF DEATH County Worcester	Registration Dist. No. 3	12
	Nogistiation Dist. No.	
Village or City flot	NoSt., If death occurred in a horpital or institution, give its NAME instead of street and	number)
Length of residence in city of town where death occurred 1 - Qyrs 7 - me	ds. How long in U.S. if of foreign birth?yrsm	10sd
2. FULL NAME Semuel James, 6	toreman!	
(a) Residence: No. Mr. Industill	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	l State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the food)	21. DATE OF DEATH	102-5
Tale pegro married	(Month) (Day)	(Year)
HUSBAND of HUSBAND of	22. I HEREBY CERTIFY. That I attended	deceased fro
(or) WIFE of Madque Toreman	may 3 ,19 33, to 12/1	19.8
DATE OF BIRTH (month, day, sodyear) 1857- 3 - Someron	I last saw halive on 12/1/32 19	_; death is sa
AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
76 9 P 1 day, hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	A	Date 010118
SAWYER, BOOKKEEPER, etc.	Cardio-Vascular	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. A industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specific properties)	Renal Disense	-
SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation with the occupation occupation.	1 k	
	Other Contributory Causes of importance:	
(State or country)	Mariner Hant	>
13. NAME James Fromman	20,000,700,00,00,00	
13. NAME Ames Fromman 14. BIRTHPLACE (atty or town) Mariella (State or country)	Name of operation	
(State or country) Manyland	What test confirmed diagnosis? Columna Was there an	au'opsy?
15. MAIDEN NAME Dank Anon	23, If death was due to external causes (VIOLENCE) fill in also the followin	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicide? Date of injury	
(State or country)	Where did injury occur?	
17. INFORMANT Maggie Tournay	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	LACE.
8. BURIAL, CREMATION, OF REMOVAL	Manner of injury	
Place John Whenley Date Let 4 , 1983	Nature of injury	0.
If m & H olen	24. Was disease or injury in app way related to occupation of deceased?	10
19. UNDERTAKER A CONTINUE CONT	If so, specify	
1717. 3386	(Signed) Allache	M
20, FILED AS 1900 NECESTRAL		- M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 3 104	July 5,1927	Peritonitis	3 days ago
LUKRAT V. B-	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

A. A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12037
state UPA.	1. PLACE OF DEATH	95-2
CC	County Northelessy	Registration Dist. No.
should	Village or City to course test	No. No. Ward death occurred in a horpital or institution, give its NAME instead of street and number)
N A	Length of residence in city or town where death occurredyrsmog-	ds. How long in U.S. if of foreign birth?mosds.
PHYSICIAN ct statement	2. FULL NAME Mary Collece &	tall,
SIC	(a) Residence: No. Pockmohe City	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS 3_SSX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH / /
7	Tessale teolored (Nesso (write the word)	(Month) (Day) (Year)
X A C T L	5a. If married, widowed of divorced HUSBAND of (or) WIFE of Servard Lale	22. I HEREBY CERTIFY. Thet I attended deceased from
	COATE OF BIRTH (1848 B) - + 10+9, +7	I last saw h EQ alive on OEL 645 1933 death is said
stated E properly certificate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 400 m.
stated proper ertific	86 Jankrows I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER.	Dats vi viiset
	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which	CARDID-VASCULAR Selenosis 7
should it may n back	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	CAILUIB-VASCUIAIL VELEILOSIS
s sl t it on	10. Date deceased last worked at this occupation (month and year) occupation occupation	
oplied. AGE erms, so that instructions o	12. BIRTHPLACE (city or town) Nance ster Co.	Other Contributory Causes of Importance:
ed. is, s	(State or country)	JENERAL Physical
supplied n terms, ee instru	13. NAME Seffere aclasson	WEAKNESS & PACIL OF CARE TWEE
efully supplied in plain terms, ant. See instru	13. NAME 14. BIRTHPLACE (city or town) Marshared	Name of operation
pla pla		What test confirmed diagnosis?
	I TO TO TO TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TOT	23. If deeth was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?
ca TTH por	16. BIRTHPLACE (city or town)	Where did injury occur?
	17. INFORMANT Harry Lale	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
should OF D	(Address) Pocockco la Certa Mich	
	18-BURIAL, CREMATION, DR REMOVAL	Manner of Injury
lon JSI N	Mobile Ly Que Date / 1, 1925	Nature of injury
mation s CAUSE TION is	19. UNDERTAKER Grusse & Slevensge	24. Was disease or injury in any yay related to occupation of deceesed? N6
	(Address) Poconcolo Ciety, Mil.	If so, specify
FI	20. FILED Dec 10, 1903 John T / Teley	(Signed) MD
1 1 1	Registrar.	(Address) Dad Monte Colly

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIA	IN

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12638
1. PLACE OF DEATH	
County Warcesler	Registration Dist. No. 355
Village or City Whaleyulle	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?
0 1 7 '0 0	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME I fant trate	to mean
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Finale white OR DIVORCED (write the word)	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY that I attended deceased from
6. DATE OF BIRTH (month, day, and year) Del 13 -38	I last saw h & 19 33; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
Shiel Barn I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still born 26,113-3
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SINK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this pregnation from the spent in this country in this pregnation (month and	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Wholy welle and	Other Contributory Causes of importance:
(State or country)	
II 13. NAME Ille golimale	
13. NAME LLe glande 14. BIRTHPLACE (city or town)	Name of operation Pune Date of
(State of Country)	What test confirmed diagnosis?
15. MAIOEN NAME Gladys Holmon	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME Gladys Holmon 16. BIRTHPLACE (city or town) Labolysley (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Lady Fisher	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMOTION, OR REMOVAL	
Place whelenly Oate A s. 1319 33	Manner of injury
John 12 Par -D	Neture of injury
19. UNOERTAKER (Address)	24. Was disease or Injury in any way related to occupation of deceased? If so, specify
01 1 1	(Signed) (Signed) M. D.
20. FILEO 12-19- 1993 Itelen J. Nayward Registrar.	(Address) Beilin Mc

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Įį.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
CALAS V. B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 12639
1. PLACE OF DEATH	78
County Worcester	Registration Dist. No. 352 –
Village or City / Dellis	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thoroged B. Mas	eno
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, of divorced	
HUSBANO of Jusan M. Mason	22. HEREBY CERTIFY. Thet I attended decesed from
6. DATE OF BIRTH (month, day, and year) Igas 15-1860	I last saw ham alive on Dac 2 3 1933; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 9 A m.
73 11 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	34 0
SAWYER, BOOKKEEPER, etc.	Tuberulain of Lungh aug 33
Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and 1900 spent in this pear)	
Na	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Tuberday HEarne has a De 10
13. NAME Tharagood Mason.	Julmany Hamonhoge Valo
Mal	Neme of operation
14. BIRTHPLACE (city or town) (State or country)	Neme of operation
15. MAIDEN NAME Flizabeth 1 Niekman	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mas Dusay M. Mason	Where did injury occur?
(Address) 18. BURIAL CREMATION, OR REMOVAL	
Place Parksaly 19. Oate 10 24,1933	Manner of injury
19. UNDERTAKER & Burkage (Address) Besting And	24. Was disease or Injury In any way related to occupation of deceased? %
20. FILEO Lec 23, 19 33 & V 711 wasford Lepty, Registrar.	(Signed) a Halland M. D. (Address) Mulan M. D.
Registrar.	(Undited)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



BINDING
FOR
RESERVED
CIN

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

L	3	()	4	0

1. PLACE OF DEATH		
County Worelster	(5)	Registration Dist. No. 353
Village or City Busho	(1)	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurradyrsmos	ds. How long in U. S. if of foreign birth?yrsmosds.
(a) Residence: No. Bish	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	Dec. 7 1933	I last saw h eliva on, 19, 19, 19, 19
7. AGE Yaars Months	Days If LESS than 1 day,hrs.	to heve occurred on the date steted abova, at
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Stillbirth Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc		
10. Date daceased last worked at this occupetion (month end year)	11. Total tima (yaars) spent in this occupation	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town)	hop ma	
13. NAME Otto	munford	
13. NAME 14. BIRTHPLACE (city or town) (Stata or country)	Bishop ma	Name of operation Dete of What tast confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Rotte	Showell	23. If death was due to axtarnal causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Bishop	Accident, suicide, or homicide?
17. INFORMANT Otto	mumford and	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Place MAN M. Transact	Date Pec. 7 , 1933	Mannar of injury
19. UNDERTAKER Father (Address)	hop yrd	24. Was disaese or injury in any wey ralated to occupation of dacaesad?
20. FILED Dec. 7, 19.33	ames R. Ryon Registrar D	(Signad) James Chyan Registra
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1937.	Peritonitis	3 days ago
	100V	10gg &	
Other contributory causes of importance:	EST CER	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1	Y /	
	T		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNPADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH County Worcesler	Registration Dist. No. 3 57
Village or Cirpus Snow Bill	NoSt., W (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 77 yrs 10	mos. 16 ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME // AND Shully	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced of Button Whilliams	
(or) WIFE of Widowld deceased	22. THEREBY CERTIFY, That I attended deceased to
DATE OF BIRTH (month, day, and year) Jan. 23 183	B I last saw h en alive on alle - 3 , 19-33; death is
. AGE Years Months Days If LESS than	
77 10 10 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Bronch Julinunia nor
SAWYER, BOOKKEEPER, etc	about frequency takes
kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc. 9. thdustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this perunation (month and	Musicular of Maria alebra
year) occupation	Other Contributory Causes of Importance:
(2. BIRTHPLACE (city or town) Manual	sacellary suparling non
13. NAME COMES Affirmblish	Name of operation Date of
(State of Country)	What test confirmed diagnosis luneal Was there an au'opsy?
15. MAIDEN NAME CONTROLS	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19
17. INFORMANT Maymond Thellips 1	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Anoth Bull Mg 8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Just Olive Date NSC. 3 198	
19. UNDERTAKER HEARING Almass	24. Was disease or injury in any way related to occupation of deceased? 200
20, FILED 12/5, 19 83 RELOY Secreta	(Signed) Frank Colemb

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	AN 9 1934 -	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	REA	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of imp	oortanee:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state of OCCUPA. Exact statement AGE should be stated EXACTLY. properly classified. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important

FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Worldth	Registration Dist. No.
Willage or City Sowe Hell me	No.
Length of residence in city or town where death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Benjamia Pina	ds. How long in U.S. If of foreign birth?yrsmosds
	All_
(a) Residence: No. (January Hall) (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR MACE A S. SINGLE, MARRIED, WIDOWED	21. DATE OF DEATH
OR DIVORCED (write the word)	12 / 1903
5a. tf married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Jungle	22. I HEREBY CERTIFY, That t attended deceased from
6. DATE OF BIRTH (month, day, and year)	deal , 1953, to 211 , 193
7. AGE Years Months Days If LESS than	I last saw harmanine on 1933, death is said
11 0 1 3 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Frade, profession, or parlicular kind of work dona, as SPINNER,	wera as follows:
	Jun Shot I wound
9. tndustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (north and	CPN 1 L Clint
10. Date deceased last worked at 11. Total tima (years)	Homicidal Conta
this occupation (month and year) 11. I of at time (years) spent in this occupation occupation	U
12. BIRTHPLACE (city or town). Source Hell and	Other Contributory Causes of Importance:
(State or country)	the state of the s
13. NAME VILLE POURIL 14. BIRTHMANE CONS O'LOWN S.	300000 JUNAAM 171/3
14. BIRTHPLACE CONT OF town	Name of acceptance
(State or country)	What test confirmed diagnosis the way there are automated.
15. MAIDEN NAME COSA CITYLES 16. BIRTHPEACE (city or town). Sample of the Cost of the Cos	23. If death was due to external causes (VIOL ENCE) filt in also the following:
16. BIRTHPLACE (City or town)	Accident, suicida, or homicide? Horning. Date of injury Dec. Lat., 1933.
(State or country)	Where did injury occur? near Snow Hell Worceater County and
7. INFORMANT Clover Ourcel.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 8. BURIAL, CREMATION, OR REMOVAL	- In home, of Edward Holland.
Josephors Jate am Date 1214 1933	Manner of Injury Homicide by shooting
O	Nature of injury Lenshot wounds right heat
9. UNDERTAKER CAAPLES G. Gunell (Address)	24. Was disease or injury in any way related to occupation of deceased?
1214 32 8 6 1 1 :-1	If so, specify
20, FILED 129 7 , 1930 & Eloy Senth	(Signed) fill fill (Signed) getting Co. O.
If more blanks are needed, address State Prairies	(Address) Sund I HU 2119)
address State Kegistrar, 2	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Ex	ample I		Example II	
The principal cause of deat of importance were as follows:	ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 8 1924	July 5, 1927	Perilonilis	3 days ago
	BUREAU V			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		Moy 1,1923	Gastroentcritis	1 year
				1

WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-

stated EXACTLY.

AGE should be

mation should be carefully supplied.

certificate.

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

PHYSICIANS should state

of OCCUPA.

Exact statement

B.—WRITE PLAINLY,

ż

STATE OF MARYLAND-CERTIFICATE OF DEATH

	0	8 "	A	")	
	6	6	4	15	
-8	-	11	-	0	

1. PLACE OF DEATH			23	010
County Worcester			Registration Dist. Np. 3	55
Village or City Berlinn			NoSt.,	Ward
Length of residence in city or town where	death occurred		f death occurred in a hospital or institution, give its NAME instead of street and n sds. How long in U.S. if of foreign birth?yrsmo	
			syrsyrsmo	sds.
2. FULL NAME Thomas	- Purne	111		
(a) Residence: No. 734	(Usual place	of abode)	St., Ward. If nonresident give city or town and :	State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Male White	s. SINGLE, MAR OR DIVORCE Marri	RIED, WIDOWED. D (write the word)	21. DATE OF DEATH.	193.3
5a. If married, widowed, or divorced	1 2100 2		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	D 2 2 2 2 3 3		22. I HEREBY CERTIFY, That I attended d	deceased from
Virginia		882	I last saw being alive on the first saw being alive of the first saw being alive on the first saw being alive on the first saw being alive of the first saw being	, 19
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, et 40.30 Am.	; death is said
5T 7	0	f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 Trade profession or particular	1 0	ormin.	were as follows:	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.			Telmener H3	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	-			
SAW MILL, BANK, etc	alesman.	ima (veere)	-	
this occupation (month end 192)	Sper	ime (years) nt in this upation 25yr	<u></u>	
12. BIRTHPLACE (city or town) Mary (State or country)	land		Other Contributory Causes of importance:	
# 13. NAME William Pur	nell			
T	ryland		Name of acception	
(State or country)			Name of operation Date of What test confirmed diagnosis? Was there an au	
15. MAIDEN NAME Emma Da:	vis		23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME EMMA Da:	yland		Accident, suicide, or homicide? Date of injury	
(State or country)			Where did injury occur?	
17. INFORMANT Mrs. Thomas (Address) Berlin.	Purnell Md.	r	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury	
Place Evergreen	DateDec	I2,19.33	Nature of injury	
19. UNDERTAKER J. W. Burb	age Berli	n. Md.	24. Was disease or Injury in any way related to occupation of deceased?	
20. FILED 12 - 12 , 1983 THE	en J. Ho	Registrar.	(Signed) has to down (Address) Residuely	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
S Date of onset	of importance were as follows:	
1910		1 week ago
1921	Run over by strect car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

CUPA	V	E OF DEA				4	93E)	Registration Dis	t No. 3	50
18	Village or City Pocomoke City					N(n	Negistration Dis		Ward
5	OR.					(If death or	curred in a hospital or insti			
ent	C.				yrs,	_mos	_ds. How long in U.S. If	of foreign birth?	yrsn	nosds.
statement	2. FULL	NAME 1	ouis F.	Redden	0.4					
sta	(a) Ro	esidence: No		(Usual pla	ace of abode)	St.	St, Ward. If nonresident give city or town and State			
Exact	PER	SONAL AN	ID STATIST	ICAL PAR	TICULARS		MEDICAL	CERTIFICATE C	F DEATH	
classified. Ex	3. SEX		r or race	OR DIVOR	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		omoke City		20th	h., 193_3
	5a. If married, HUSBAN (or) WIF	widowed, or divo 0 of E of Ethe]	rced L F.Red	den		22.				
eî.	C DATE OF D	IDTU (month de	y, and year),∏ a.	W110 7917 1	0+h 100	O Hast	saw h alive on	Lee 20	T 193 J	death is said
ertificate	7. AGE	Years	Months	Oays	If LESS th		ve occurred on the date sta	ited above, at 9 . OOA	_m.	- 2 , 00000110 3010
certificate		44	11	10	1 day,min	hrs. The P	PRINCIPAL CAUSE OF DEA			1
-	8. Trade	profession, or pa	articular as SPINNER.			-10	1	Fn-A		Date of onset
k 01	S/ Indust	8. Trade, profession, or particular kind of work done, as SPINNER, Farmer&Verchant SAWYER, BOOKKEPPR, etc. Farmer&Verchant SAWYER, BOOKKEPPR, etc. Farmer&Verchant Industry or business in which work was done, as SILK MILL. retired recently SAW MILL, BANK, etc. 11. Total time (years)					mone !	Const	ien.	8yza
back	S/ WC	ork was done, as S W MILL, BANK,	SILK MILL, T	etired	recentl	y Che	rome n	y wande	To	2 year
no	O th	deceased last wor is occupation (mo	nth and	S	al time (years) spent in this	Lu	Recourse	transce		- dan
	12. BIRTHPLA	year) occupation 12. BIRTHPLACE (city or town) Orcester County					Contributory Causes of im	portance:		
-	1		Maryla							
	4 14. BIRTH	14. BIRTHPLACE (city or town) Norcester County				Name	of operation		Date of	
	1 (0	tate or country)	7.7	ryland			test confirmed diagnosis?_			
	I		own) Word	ine	Country		leath was due to external c ent, suicide, or homicide?			
	2 16. 81KIH	tate or country)	own)11_O_4_0	larylan	-		e did injury occur?			
	(Addre	Mrs.Etl	oke Cit	edden y lary.	land.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			nte) LACE.
	18 BURMAL CREMATION OR REMOVALY Place Ld. Va. Line. Date Dec. 22nd. 19 33						er of injury			
	19. UNDERTAI	ss) POCOM	oke Cit	y, Mary.	uson		s disease or injury in any	way related to occupation	n of deceased?	
	20. FILED	c 22	1933	John ?	Kile	- ((Signed)	tople	wo,	M. D.
- Property	20. FILED Registrar.						(Address)	1 11-	(1. 6

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of cpilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL S	PACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County / Occasion	Registration Dist. No. 30/
Village or City for which	No. St., Ward
Length of residence in city or town where death occurred	If death occurred in a horpital or institution, give its NAME instead of street and number) s. How long in U.S. if of foreign birth?
2. FULL NAME JOHN MULLS 1	ann
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the world) Wildows	21. DATE OF DEATH Locember 29 (Month) (Day) (Tear)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grany Robby Gavin	22. 1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 101 4 1854	I last saw him alive on De 39, 1983; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 m.
79 23 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Chr. Inwearditis Centrum
9. Industry or business in which work was done, as SILK MILL,	Cerrichlar Fibrillation 193/3
SAW MILL, BANK, etc	acutt Dilation of the Heart 1428/
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Tillusclewsis Gatum
	- Chocelithiasis "
14. BIRTHPLACE (city or town)	Name of operation Date of Date
(State of country)	What test confirmed diagnosic Clemen Was there an au'ops
15. MAIDEN NAME A TOP MILES	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMATION ACCES (Address) (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURTAL, DREMATION, DR. REMOVAL STORMS OF THE STORMS OF	Manner of injury
Manager F)	Nature of injury
19. UNDERTAKER (Address) Annual (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1/5, 193 4 REROY Secret.	(Signed) Walsche M. D. (Add Show Yill Mc
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—lotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	
		-			-		

M	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
FOR BINDING	S IS A PERMANENT	stated EXACTLY	properly classified.	certificate.
MARGIN RESERVED FOR BINDING	H UNFADING INK-THIS	supplied. AGE should be	in terms, so that it may be	See instructions on back of
V. S. No. 1	B.—WRITE PLAINLY, WITH	mation should be carefully	CAUSE OF DEATH in pla	TION is very important. See instructions on back of certificate.
>	ż	1	1	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	12:00
County Worcester o	Registration Dist. No. 351
Village or City (Mean) Snow Rull	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME // angales of	Shockley.
(a) Residence: No. M. Snaw Abell (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or sivorced	21. DATE OF DEATH Alcember 26 (Month) (Day) (Year)
HUSBAND of Clifah & Shockley	22. I HEREBY CERTIFY. That I attended deceased from august 19313 to Late Theatsh'
6. DATE OF BIRTH (month, hay, and year) Wasch	I last saw hely alive on date 7 death, 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11/57m.
16 9 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Branche frummana 12-23-3
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	agreeder fibrillation
work was done, as SILK MILL, SAW MILL, BANK, etc.	Myreundelps
U 10. Date deceased last worked at this occupation (month and property spent in this and spent in this and spent in this area.) worker regulation
year)	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) / Wallows	
The state of the s	
T V County of the control of the con	
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed discussion Chuncal Was there are when a subject to the confirmed discussion of the confirmed dis
A HILL WAY TO A A A	what test confilmed diagnosis!
H Chigarath Charles	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or towny)	Where did Injury occur?
17. INFORMANT Jamuel 6, 8 hochly (Address) Show Will mo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Description Date Description	Manner of injury
19. UNDERTAKER PARISH TO SENSIS	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED 12/28, 1933 REROY Swith	(Signed) Land Leges M.D. (Address) Hellands Frid.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
TAU TAU	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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item of inforpluods

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	12647
County Horcester	Registration Dist. No.
Village or City Bishop	NDSt., Ward
1 7 (If	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth? 3/yrs. mos. ds.
2. FULL NAME Jennie allece	Jummons
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
is If married, widowed, or divorcad HUSBANO of Gory WIFE of George a. Timmons	22. Jeff HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) Tely / \$ 1882	I last saw h. ev alive on Dec 18 1933 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
5 / /0 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Tonsonsburg (State or country)	Other Cantributory Causes of importance:
13. NAME Frank Complete.	Canal max affiners
(Stata or country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sanah Builey	23. If death was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Yawellville (State or country)	Accident, suicide, or homicide? Date of injury, 19
7. INFORMANT Llonge a Timmons (Address) Bishop, md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Dishopoville, Morte Sec 21, 19.33	Manner of Injury
9. UNDERTAKER Miss. M. Pasho Watson. (Address) Selbmalle, all	24. Was diseasa or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

(Address)

Statement or occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
MARKAU V. B.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

state

PHYSICIANS should

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

B.-WRITE PLAINLY,

Z

V. S. No. 1

of OCCUPA-

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(91)
County Worcester	Registration Dist. No. 33-2 35
Village or City Newark	No. St Ward
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAMEFrank Townsend	
(a) Residence: No. Newsk.	CA Wand
(Usual place of abod	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	ARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, V OR DIVORCED (waith	WIDOWED, ethe word) 21. DATE OF DEATH (Month) (Month) (Max)
5a. If married, widowad, or divorced HUSBAND of	(100)
(or) WIFE of Aline Townsend	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year). Fe.b. 3. 186	7 I last saw have alive on A C // 1933 deeth is seid
	LESS than to have occurred on the date stated above, at
	y,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onest
SAWYER, BOOKKEEPER, etc	The Myscarditis lays
kind of work done, as SPHNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased lest worked at this occuration (month and	06 711
10. Data deceased lest worked at this occupation (month and TOZT spent in this	
this occupation (month and 1931 spent in this occupation)	TOY 1
12. BIRTHPLACE (city or town) Maryland (Stata or country)	Other Contributory Causes of importance:
13. NAME Isreal Townsend	
13. NAME Isreal Townsend 14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hettie Derrickson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Hettie Derrickson 16. BIRTHPLACE (city or town) Maryland (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs. Frank Townsend (Address) Newark, Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Newark Cem. Date Dec. I	3_, 19 3.3 Nature of injury
19. UNDERTAKER J. W. Burbage, Berlin	24. Was diseasa or injury In any way related to occupation of deceased?
20. FILED Alex B1933 & V Munif	(Signed) M. D. Registrar. (Address) Brillian M. D.
	tate Registrar, 2421 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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PHYSICIANS

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

33. John T. Riley

If so, specify

Pocomoke City. Maryland.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run aver by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritanitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastraenteritis ,	1 year

V. S. No.

19. UNDERTAKER

20. FILED__

(Address)

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			94	
1	115)	3	51	
	Registration Dist. No.	0.		
(16	No. death occurred in a hospital or institution, give its NAME instead of	St.,	Wa	rd
mos.	ds. How long in U.S. if of foreign birth?yrs.	street and	numper)	de.
1/27.				
-cue				
	St., Ward.	r town an	d State	
5	MEDICAL CERTIFICATE OF D		- Diare	_
WED,	21. DATE OF DEATH	,		_
word)	Le 4		, 193 3	
	(Month) (Day)	(Year)	
	22. I HEREBY CERTIFY, That	I attended	d deceased fr	om
-0.	nov 30 , 1933, to Dee	4	, 193	2
9/	1 last saw h Augualive on Dely	., 19 3	; death is s	ald
than	to have occurred on the date stated above, at 1.4			
hrs. nin.	The PRINCIPAL CAUSE OF DEATH and related causes of import were as follows:	tance	10.1	-
	Α Α Α		Date of ons	16
	Circleol tumber	٠	Tuor 3	0
	Cauxed ley lelow in hes	d.		
	·			
24/2)				
1	Other Contributory Causes of Importance:			
	Name of operation			
	What test confirmed diagnosis? Was	there an	au'opsy?	
	23. If death was due to external causes (VIOL SNCE) fill in also th			3
	Accident, suicide, or homicide? Mornuela Date of inju	iry les	30, 19 3	9
7	Where did injury occur? Weas & now / Yell (Specify city or lown, cour	JUL and St	-zl·	
/	Specify whether injury occurred in INDVSTRY, in HOME, or in I	UBLIC PI	LACE.	
	Boul face	~J	D	
31	Manner of injury Dow on head with	one	(gun	
13	Nature of injury Adurated Death Tu	uues	rawy	1
	24. Was disease or injury in any way related to occupation of de	seased?	leo	
	If so, specify	. 4		
5(.	(Signed)	7	M.	. D.
strar.	(Address) Auww74111.	god.		

If more blanks and needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
- NATIONAL AT BY				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	CE FOR FURTHER STATEMENTS BY PHYSICIA	ACE FOR FURTHER STATEMENTS BY PHY	TATEMENTS BY	FURTHER	FOR	SPACE	ADDITIONAL
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(Pos-m)
County workester	Registration Dist. No. 342
Village or City Beilin hea	
(IF	death occurred in a hospital or institution, give its NAME instead of street and number)
0 0 1 1 1 . 1	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Infant White	
(a) Residence: No. V 3e (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male cal OR DIVORCED (write HTB word)	(Month) (Day) (Year)
Se. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) 2 11-19 33	I lest saw hours on DEC 19, 19.33; deeth is said
7. AGE Yeers Months Deys If LESS then I day,hrs.	to heve occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related ceuses of importence
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	were as follows:
A. Hede, professing, or particular, or particular with the work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SiLK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and spent in this securation (month and spent in this spent in this securation (month and spent in this	vicie // janano
10. Date deceased lest worked at this occupation (month and position) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Canses of importance:
I 13. NAME Charles White	
13. NAME Charles White 14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation
15. MAIDEN NAME Wolf 5 mark 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Berlin	Accident, suicide, or homicide? Dete of injury, 19
X (State or country)	Where did injury occur?
17. INFORMANT Wala White	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. F MATION, OR REMOVAL	Menner of Injury
Sermont Dete Dec 25, 1933	Nature of injury
19. UNDERTAKER & W Burbage (Address) Burling Wild	24. Was disease or injury in eny wey releted to occupation of deceased? 200
20. FILED blee 20, 1923 IV Muniford	(Signed) C & Holland M.D. (Address) PErlin md.
If more blanks are needed, address state Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		DESTRUCTION OF THE PROPERTY OF	